

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 3																																																													
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-03-P-0539</div>			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003AUG21</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>																																																														
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CSC-A LISA A DEVLIN (309)782-5541 ROCK ISLAND IL 61299-7630 EMAIL: DEVLINL@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA CHICAGO 1523 WEST CENTRAL ROAD BLDG 203 ARLINGTON HEIGHTS IL 60005-2451</div>			CODE <div style="border: 1px solid black; padding: 2px;">S1403A</div>		8. DELIVERY FOB <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)</div>																																																													
9. CONTRACTOR <div style="border: 1px solid black; padding: 2px;">UNITED STANDARD INDUSTRIES 2062 LEHIGH AVE GLENVIEW, IL. 60025-1619</div>			CODE <div style="border: 1px solid black; padding: 2px;">28210</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED</div>																																																														
NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px;">TYPE BUSINESS: Other Small Business Performing in U.S.</div>			12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;"></div>		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>																																																																		
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0339</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2																																																												
16. TYPE OF ORDER <div style="border: 1px solid black; padding: 2px;">DELIVERY/ CALL PURCHASE <input checked="" type="checkbox"/></div>												THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation <div style="border: 1px solid black; padding: 2px;">DAAE2003T0298</div> , Dated _____, furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																																																											
NAME OF CONTRACTOR												SIGNATURE												TYPED NAME AND TITLE												DATE SIGNED (YYYYMMDD)																																			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																																																																							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>																																																																							
18. ITEM NO.												19. SCHEDULE OF SUPPLIES/SERVICE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders System Acquisition Contracts</div>												20. QUANTITY ORDERED/ ACCEPTED*								21. UNIT				22. UNIT PRICE								23. AMOUNT																											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.												24. UNITED STATES OF AMERICA <div style="border: 1px solid black; padding: 2px;">KRISTAN A MENDOZA /SIGNED/ MENDOZAK@RIA.ARMY.MIL (309) 782-0243</div> BY: _____ CONTRACTING/ORDERING OFFICER																								25. TOTAL <div style="border: 1px solid black; padding: 2px;">\$7,985.00</div>								26. DIFFERENCES <div style="border: 1px solid black; padding: 2px;"></div>																											
27a. QUANTITY IN COLUMN 20 HAS BEEN <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED</div>																																																																							
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																								c. DATE (YYYYMMDD)								d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																							
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE																								28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>								29. D.O. VOUCHER NO.								30. INITIALS <div style="border: 1px solid black; padding: 2px;"></div>																															
f. TELEPHONE NUMBER												g. E-MAIL ADDRESS												31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>								32. PAID BY								33. AMOUNT VERIFIED CORRECT FOR																															
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.																								34. CHECK NUMBER								35. BILL OF LADING NO.																																							
a. DATE (YYYYMMDD)												b. SIGNATURE AND TITLE OF CERTIFYING OFFICER												37. RECEIVED AT								38. RECEIVED BY (Print)								39. DATE RECEIVED (YYYYMMDD)								40. TOTAL CONTAINERS								41. S/R ACCOUNT NUMBER								42. S/R VOUCHER NO.							

**Name of Offeror or Contractor:** UNITED STANDARD INDUSTRIES

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 1005-01-034-6503 FSCM: 19200 PART NR: 11825997 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY</u>  NOUN: RELEASE,BARREL PRON: M131S442M1    PRON AMD: 02    ACRN: AA AMS CD: 070011HCBG4  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                          SUPPL <u>REL_CD     MILSTRIP     ADDR   SIG_CD   MARK FOR   TP_CD</u> 001   W52H093050A150   W25GLU     J                          1 <u>DEL_REL_CD               QUANTITY               DEL DATE</u> 001                       100                       30-JAN-2004  FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25GLU)    XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND           PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-P-0539/0000	100	EA	\$_____ 79.85000	\$_____ 7,985.00

Name of Offeror or Contractor: UNITED STANDARD INDUSTRIES

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB		
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				ORDER	ACCOUNTING	OBLIGATED
								NUMBER	STATION	AMOUNT
0001AA	M131S442M1	AA	2	97	X4930AC6G	6D	26FB	S11116	W52H09	\$ 7,985.00
	070011HCBG4									
									TOTAL	\$ 7,985.00

SERVICE								ACCOUNTING		OBLIGATED
NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION						STATION		AMOUNT
Army	AA	97	X4930AC6G	6D	26FB	S11116		W52H09	\$	7,985.00
								TOTAL	\$	7,985.00